

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 7

2. STATE:

VA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 01, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 435

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A, p 23b.

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 1,250,900

b. FFY 2003 \$ 1,443,055

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Add new page

10. SUBJECT OF AMENDMENT:

Coverage of treatment for women under age 65 for breast and cervical cancer.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Secretary of Health and
Human Resources.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Eric S. Bell

14. TITLE:

Director

15. DATE SUBMITTED:

06/13/2001

16. RETURN TO:

DMAS

600 E. Broad Street, Suite 1300
Richmond, Virginia 23219
ATTN: Regulatory Coordinator

17. DATE RECEIVED:

6/15/01

18. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

19. TYPED NAME:

CLAUDETTE V CAMPBELL

20. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency	Citation	Groups Covered	
<hr/>			
B. <u>Optional Coverage Other Than the Medically Needy (Continued)</u>			
IV-A	1902(a)(10)(A) (ii)(XVIII) of the Act	<input checked="" type="checkbox"/>	<div>24. Women who:</div> <div><div>a.</div><div>have been screened for breast or cervical cancer under the centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with Section 1504 of the Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;</div></div> <div><div>b.</div><div>are not otherwise covered under creditable coverage, as defined in Section 2701 (c) of the Public Health Services Act;</div></div> <div><div>c.</div><div>are not eligible for Medicaid under any mandatory categorically needy eligibility group; and</div></div> <div><div>d.</div><div>have not attained age 65.</div></div>
	1920B of the Act	<input type="checkbox"/>	<div>25. Women who are determined by a “qualified entity” (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients.</div> <div>The presumptive period begins on the day that the determination is made. The period ends on the date that the state makes a determination with respect to the woman’s eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made. The presumptive period ends on that last day.</div>

the federal law which authorizes the grants does not allow CDC to pay for treatment services for those women who are diagnosed with breast or cervical cancer. Since 1997, 62 women enrolled in the screening program have been diagnosed with breast cancer and 13 have been diagnosed with cervical cancer.

It is difficult for many uninsured women who are screened and diagnosed through the CDC programs to obtain timely access to treatment services. The Breast and Cervical Cancer Prevention and Treatment Act allows states to provide coverage of these women under Medicaid. In order to qualify under this new Optional Categorically Needy eligibility group, the woman must meet certain requirements. First, the woman must have been screened for breast and cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program and found to need treatment for either breast or cervical cancer. Secondly, she must be uninsured. She must not otherwise have creditable coverage and must not be eligible under any of the mandatory Medicaid eligibility groups. There is no requirement that there be a waiting period of prior insurance before a woman who has been screened under the CDC program can become eligible for Medicaid. Finally, the woman must be under 65 years of age.

A woman whose eligibility is based on this new Optional Categorically Needy group is entitled to full Medicaid coverage; coverage is not limited to coverage for treatment of breast and cervical cancer. Medicaid coverage under this new eligibility group is for individuals whose diagnosis was made through a NBCCEDP entity. CDC considers a woman to have been screened under the CDC program if CDC Title XV funds paid for all or part of the costs of her screening services. The woman is also considered to be screened by CDC when her screening was rendered by a provider or an entity funded by Title XV funds at least in part. Additionally, the woman is considered as screened under the CDC if the screening is done as part of other Title XV funding to a State Title XV grantee. As long as one of these criteria is met, the woman will be considered eligible for Medicaid.

Impact: DMAS estimates that total breast cancer treatment costs resulting from this bill will amount to approximately \$1.8 million (\$593,437 GF) in FY 2002 and \$2.1 million (\$717,902 GF) in FY 2003. DMAS estimates that total cervical cancer treatment costs resulting from this bill will be \$67,085 (\$22,748 GF) in FY 2002 and \$92,429 (\$31,472 GF) in 2003. These costs will be absorbed within existing appropriations and will be included in DMAS' Medicaid expenditures forecast presented to the Governor and General Assembly next year.